

SEARCHING FOR A STUDENT

Search by Name: Using Last Name, First Name and Date of Birth

- Do not search using Middle Name as it may cause the search to fail
- If no match is found searching with full First Name, search again using Last Name, First Initial and Date of Birth

OR

Search by Chart: Using MCI Number, if known.

After entering search criteria, click **Search**.

Client Search

Name Chart

Last Name First Name Middle Name Date of Birth

TEST STUDENT 08/10/2001

Last Name Soundex

Aug 2001

Record Type Chart # Last Name First Name Middle Name

No records to view

Reset Search OK Cancel Add

All records fitting the search criteria will appear in the results grid. The colored rows indicate separate records. Colors grouped together indicate only one immunization record. In the search results, Steve Test and Steven Test are the same color and represent one child's record.

If the student is not found after thorough searching, click **Add** to activate the "Add New Client" screen.

Client Search

Name Chart

Last Name First Name Middle Name Date of Birth

TEST S 08/10/2001

Last Name Soundex

FuzzyDOB

Record Type	Chart #	Last Name	First Name	Middle Name	Suffix	DOB
MCI	4440019211	TEST	STEPHANIE			08/10/2001
MCI	4440019212	TEST	STEVE			08/10/2001
MCI	4440019212	TEST	STEVEN			08/10/2001
MCI	4440019213	TEST	SARA			08/10/2001
MCI	4440019213	TEST	SARA-BETH			08/10/2001

View 1 - 5 of 5

Reset Search OK Cancel Add

Remember to click RESET prior to new searches.

All yellow fields must be completed. First Name must be completed now if search was by first initial.

Select: Sex, Race and Ethnicity

Review for correctness!

Click **OK**.

Add New Client

Name Prefix Last Name First Name Middle Name Name Suffix

Prefix TEST STUDENT

Date of Birth Sex Race Ethnicity

08/10/2001 FEMALE BLACK OR AFRICAN AMERICAN HISPANIC OR LATINO

NOT HISPANIC OR LATINO UNKNOWN

OK Close

DEMOGRAPHICS TAB

NOTE: Student's MCI, Full Name, Date of Birth and Age will be located at the top as user maneuvers through tabs.

Demographics Tab is the first tab and contains:

- Student Name
- General Demographics
- Birth Information
- Mother's Name

School Nurse cannot edit as screen is "read only."

SC Registry South Carolina Immunization Registry System

Logged in as: SNU10210
Location: CHESTERFIELD 01
Database: DHECTEST

File Tools Reports Help

MCI: 4440021263 Full Name: STUDENT TEST Date of Birth: 8/10/2001 Age: 12 years, 2 months, 5 days

Demographics Forecast Immunization Alerts

NAME TYPE	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
PRIMARY		STUDENT		TEST	

View 1 - 1 of 1

General: Date of Birth: 08/10/2001 Sex: FEMALE Race: BLACK OR AFRICAN AMERICAN Ethnicity: NOT HISPANIC OR LATINO

Birth Information: Country: Birth Country: Birth State: Birth Order:

Mother's Name: Current First: Current Middle: Current Last: Maiden First: Maiden Middle: Maiden Last:

FORECAST TAB

Forecast, the second tab, contains the results of the SCI Registry forecast wizard and displays recommended vaccines that are due and late based on student's age and immunization history known to the registry.

This tool does not replace a school nurse's assessment of the student's immunizations.

School Nurse cannot edit as screen is "read only."

SC Registry South Carolina Immunization Registry System

Logged in as: GULLEDWK
Location: CARES IS TRAINING TEAM
Database: DHECTEST

File Tools Reports Help

MCI: 4440018982 Full Name: STUDENT TEST Date of Birth: 8/10/2001 Age: 12 years, 1 month, 8 days

Demographics Forecast Immunization Alerts

Series Name	Dose #	Dose Status	From Date	To Date	Comment
HEP B	1	LATE	08/10/2001	09/10/2001	
IPV	1	LATE	10/10/2001	11/10/2001	
MMR	1	LATE	08/10/2002	12/10/2002	
VAR	1	LATE	08/10/2002	03/10/2003	
TD	1	LATE	08/10/2008	09/10/2008	
MCV4	1	DUE	08/10/2012	08/10/2014	
HPV	1	DUE	08/10/2012	08/08/2014	

Refresh View 1 - 7 of 7

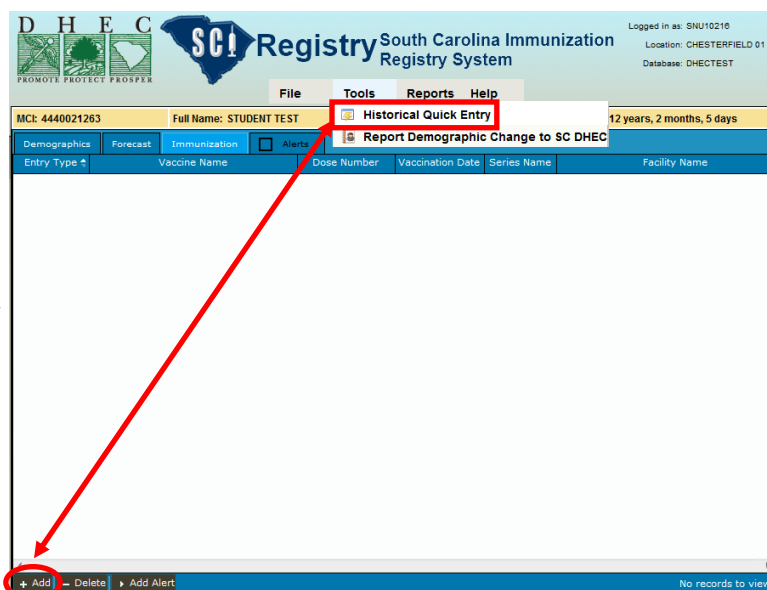
This immunization forecast is a resource and tool for medical practitioners based on information provided to the Immunization Registry by immunization providers and on published recommendations of the Advisory Committee on Immunization Practices (ACIP). The forecast is based upon the routine schedule of immunizations for healthy individuals. It is provided without any guarantee or warranty of any kind as to the accuracy or completeness of the patient's immunization history or the validity of the forecast. Professional medical judgment should always be used in determining the appropriate immunizations needed for your patient.

IMMUNIZATION TAB

Immunization is the third tab. It displays all of the student's immunizations that have been entered into the registry. If a student has just been added, no immunization history will exist.

Vaccine information may be added:

- By clicking on **Add** at the bottom of the Immunization tab
- OR**
- By selecting **Historical Quick Entry** from the Tools menu.



HISTORICAL QUICK DATA ENTRY

The **Historical Quick Data Entry** screen allows the school nurse to add a student's immunization history into the registry. Select vaccine from dropdown and enter dates of administration.

Tool functions:

- **Scroll Bar:** Navigates data within the screen
- **Minus:** Deletes an entire row
- **Clear All Data:** Removes all data on screen and screen remains open
- **Insert Row:** Inserts another row for immunization data entry
- **Cancel/Exit:** Closes screen
- **Save:** Closes screen and all entered data can be viewed on the Immunization Tab.

DELETING AN IMMUNIZATION

If an incorrect entry is noted, click on the entry to highlight and select **Delete**. An entry can only be deleted if the school nurse entered the data.

NOTE: Invalid (not counted) doses do not print on the immunization certificate.

Historical	OPV	3	11/10/2002	IPV	HISTORICAL PROVIDER FACILITY
Historical	OPV	4	08/10/2005	IPV	HISTORICAL PROVIDER FACILITY
Historical	HIB (PRP-OMP) (PEDVAXHIB)	1	10/10/2001	HIB	HISTORICAL PROVIDER FACILITY
Historical	HIB (PRP-OMP) (PEDVAXHIB)	2	12/10/2001	HIB	HISTORICAL PROVIDER FACILITY
Historical	HIB (PRP-OMP) (PEDVAXHIB)	3	11/10/2002	HIB	HISTORICAL PROVIDER FACILITY
Historical	MMR	1	08/10/2002	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	Tdap	1	08/10/2012	TD	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	1	08/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	2	09/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	NOT COUNTED	10/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	3	02/10/2013	HPV	HISTORICAL PROVIDER FACILITY

View 1 - 22 of 22

ADDING HISTORY OF CHICKENPOX DISEASE ALERT

Select the **Add Alert** button to document a history of chickenpox disease.

Select **Add History of Chickenpox Disease**.

Historical	MMR	1	08/10/2002	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	Tdap	1	08/10/2012	TD	HISTORICAL PROVIDER FACILITY
Historical	MCV4 (MENINGOCOCCAL CONJUGATE)	1	08/10/2012	MCV4	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	1	08/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	2	09/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	3	02/10/2013	HPV	HISTORICAL PROVIDER FACILITY

View 1 - 22 of 22

Historical	MMR	1	08/10/2002	MMR	HISTORICAL PROVIDER FACILITY
Historical	MMR	2	08/10/2005	MMR	HISTORICAL PROVIDER FACILITY
Historical	Tdap	1	08/10/2012	TD	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	1	08/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	2	09/10/2012	HPV	HISTORICAL PROVIDER FACILITY
Historical	HPV (GARDASIL)	3	02/10/2013	HPV	HISTORICAL PROVIDER FACILITY

View 1 - 21 of 21

Selecting Chickenpox Disease alert defaults to the current date. Usually the actual date of disease is unknown. If known, the date of disease may be entered. Select **Save**.

DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL
SOUTH CAROLINA
PROTECT. PROMOTE. PROSPER.

Alerts

Alert: HISTORY OF CHICKENPOX DISEASE

Begin Date: 9/23/2013

End Date: 12/31/2999

Chickenpox disease must be diagnosed by a health care provider or history of chickenpox (or herpes zoster) must be verified by a health care provider. Parental history is not considered sufficient evidence of immunity

Logged in as: GULLEDWK

Location: CARES IS TRAINING TEAM

Database: DHECTEST

Age: 12 years, 1 months, 13 days

Alert End Date:

History of Chickenpox will be saved on the Alerts tab.

Status	Alert Start Date	Message	Alert End Date	IMM
LOW	09/23/2013	HISTORY OF CHICKENPOX DISEASE	12/31/2999	IMM

PRINTING SC CERTIFICATE OF IMMUNIZATION

To complete the certificate of Immunization for School and Day Care, select **Reports** from the menu bar and click on **SC Certificate of Immunization**.

From the Name Selection screen, select the appropriate name and click **OK**.

NAME TYPE	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
PRIMARY		STUDENT		TEST

A careful assessment is important. The school nurse must be knowledgeable of the current schedule, intervals and school requirements. Only valid immunizations will appear in the **Vaccinations** grid. Invalid (not counted) doses do not print on the immunization certificate.

School nurse must select the appropriate **Certification Status** button.

School nurse will complete **Facility Phone #** and **Facility Address**. Do not change **Facility Name**.

Click **Run Report**.

Series Name	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
HEP B	8/10/2001	10/10/2001	2/10/2002		
IPV	10/10/2001	12/10/2001	11/10/2002	8/10/2005	
DTAP	10/10/2001	12/10/2001	2/10/2002	11/10/2002	8/10/2005
HTB	10/10/2001	12/10/2001	11/10/2002		
MMR	8/10/2002	8/10/2005			
HPV	8/10/2012	9/10/2012	2/10/2013		
MCV4	8/10/2012				
TDAP	8/10/2012				

CERTIFICATION STATUS:

- ☐ Meets Day Care Requirements
- ☐ Meets Day Care Requirements AND School requirements for 5K-6th Grade.
- ☐ Meets School Requirements for 5K-6th Grade.
- ☐ Meets School Requirements for 7th-12th Grade.
- ☐ Certification for 7th Grade TDAP Requirements Only (Supplement to Approved Certificate ONLY)

PHYSICIAN/FACILITY INFORMATION:

Physician's Name: DHEC Director of Clinical...
 Facility Phone#: (803) 777-7778
 Facility Name: ANYWHERE SCHOOL DISTRICT
 Facility Address: 123 ALPHABET CIRCLE ANYWHERE, SC 29777

Run Report Close Show Future Info

At the bottom of the screen, select **Open** to download the DHEC 2740 file. This is the SC Certificate of Immunization.

Note: Some users may get a pop-up message to open the file depending on the user's internet browser.

Once the certificate opens, you may choose to select the **Printer Icon**, or you will find the **Print** option located in the File menu in the top left corner of this screen.

PHYSICIAN/FACILITY INFORMATION:

Physician's Name: DHEC Director of Clinical...

Facility Phone#: (803) 777-7778

Facility Name: ANYWHERE SCHOOL DISTRICT

Facility Address: 123 ALPHABET CIRCLE
ANYWHERE, SC 29777

Run Report Close Show Future Info

Do you want to open or save DHEC 2740.pdf from webdev? Open Save Cancel

DHEC SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

SC Law §44-29-180/SC Code of Regulations 61-8
Certificate must be completed according to form instructions by a licensed Practitioner of Medicine, Surgery, or Osteopathy, or by his/her authorized representative.

CERTIFICATION STATUS
****(Check only ONE box)****

☐ Certificate Expires: Month Day Year
(Date next required immunization for day care/school is due)
Child/Student may attend day care or school for no more than one month from this date.

☐ Day Care Requirements
as of date of issue
(Not valid for school entry)

☐ Day Care & School Requirements
as of date of issue
Requirements AND
Requirements for 5K-6th grade

☐ School Requirements
as of date of issue
☐ Meets Requirements for 5K-6th grade
☒ Meets Requirements for 7th-12th grade
☐ Certification for 7th grade
(Total requirement only
(Supplement to approved Certificate Only)

☐ Medical Exemption
(Must complete Section 3 below)
Child/Student may attend day care or school for no more than one month following the temporary expiration date in Medical Exemption section.

1 Name: STUDENT TEST Date of Birth: 8/10/2001 MCU Chart #: 4440018982

Vaccination Date

	8/10/2001	10/10/2001	2/10/2002	8/10/2005
Hep-B				
IPV • OPV				
DTaP • DT				
Td				
2 Tdap				
Hib				
MMR				
Varicella				
PCV				

Check this box ☐ for a reliable history of Varicella (chickenpox)?

A message box will provide you with the option to **Save** changes before closing the form. Select **No**. If Yes is selected, user may select file location and enter file name. This is not recommended since it contains personal identifying information. A valid certificate must be printed and signed.

Adobe Acrobat

Do you want to save changes to 'DHEC 2740.pdf' before closing?

Yes No Cancel

Select **Close** from the **Review 2740 Report** to return to the main screen.

PHYSICIAN/FACILITY INFORMATION:

Physician's Name: DHEC Director of Clinical...

Facility Phone#: (803) 777-7778

Facility Name: ANYWHERE SCHOOL DISTRICT

Facility Address: 123 ALPHABET CIRCLE
ANYWHERE, SC 29777

Run Report Close Show Future Info

REPORT DEMOGRAPHIC CHANGE TO SC DHEC

If a student's primary name needs to be updated, submit a Report Demographic Change to SC DHEC form as edits or changes may only be completed by DHEC. To request a name change, click on **Report Demographic Change to SC DHEC**.

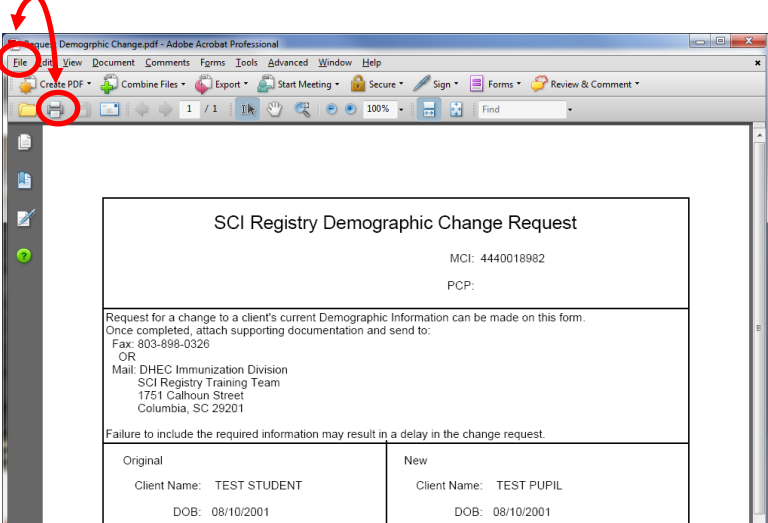
The current demographic data is shown in the upper Primary Name fields.

Enter the correct information in the blank, lower Primary Name fields. Select **Print**.

At the bottom of the screen, select **Open** to download the Request Demographic Change file.

Note: Some users may get a pop-up message to open the file depending on the user's internet browser.

Select **Print** and submit the demographic request form as a coversheet along with the supporting legal documents through mail or by fax.



Demographic Change Request

MCI: 4440018982

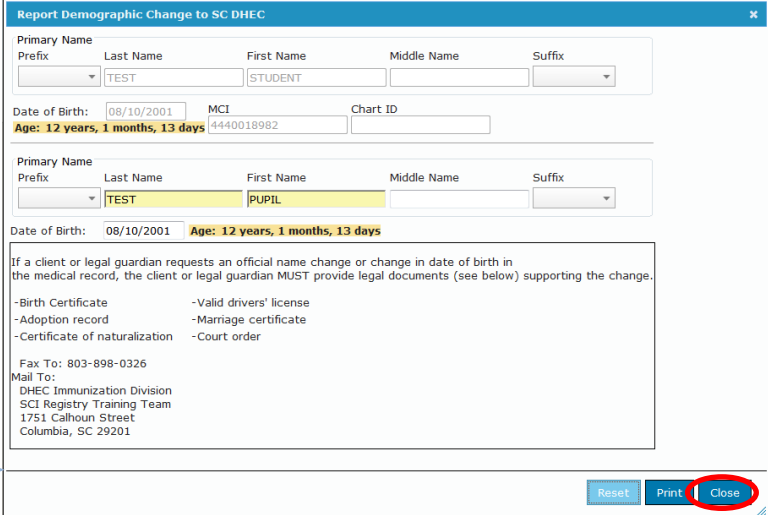
PCP:

Request for a change to a client's current Demographic Information can be made on this form. Once completed, attach supporting documentation and send to:
Fax: 803-898-0326
OR
Mail: DHEC Immunization Division
SCI Registry Training Team
1751 Calhoun Street
Columbia, SC 29201

Failure to include the required information may result in a delay in the change request.

Original	New
Client Name: TEST STUDENT	Client Name: TEST PUPIL
DOB: 08/10/2001	DOB: 08/10/2001

Select **Close** to return to the main screen.



Report Demographic Change to SC DHEC

Primary Name
Prefix Last Name First Name Middle Name Suffix
TEST STUDENT

Date of Birth: 08/10/2001 MCI: 4440018982 Chart ID:
Age: 12 years, 1 months, 13 days

Primary Name
Prefix Last Name First Name Middle Name Suffix
TEST PUPIL

Date of Birth: 08/10/2001 Age: 12 years, 1 months, 13 days

If a client or legal guardian requests an official name change or change in date of birth in the medical record, the client or legal guardian MUST provide legal documents (see below) supporting the change.

- Birth Certificate
- Adoption record
- Certificate of naturalization
- Valid drivers' license
- Marriage certificate
- Court order

Fax To: 803-898-0326
Mail To:
DHEC Immunization Division
SCI Registry Training Team
1751 Calhoun Street
Columbia, SC 29201

Reset Print **Close**

Under **File**, select:

- **Search** to begin a new search
- **Refresh** to update data just entered in the student's record
- **Location** to select authorized locations
- **Logout** to exit SCI Registry

Under **Help**, view SCI Registry Access for School Nurses Quick Reference Guide, (this document).



DHEC SC Registry South Carolina Immunization Registry System

Logged in as: GULLEDWK
Location: CARES IS TRAINING TEAM
Database: DHECTEST

MCI: 4440018982 Full Name: STUDENT Age: 12 years, 1 months, 13 days

Demographics Forecast Immunization

File Tools Reports Help

- Search
- Refresh
- Location
- Logout